ing tried in vain dry cups, diaphoretics, hydragogue cathartics, &c: "Death becoming imminent, I asked Dr. Metcalfe to see him with me. At Dr. Metcalfe's suggestion, and under his direction, I administered to him my first hypodermic injection of morphine to a patient with uræmia, expecting to see its administration followed by a fatal coma. To my astonishment my patient soon after its administration passed into a quiet sleep, from which he was easily aroused, during which he perspired freely. On the following day he reported himself as greatly relieved; his urinary secretion was re-established, and he was able to take and retain large quantities of milk, For six weeks I administered daily to this patient from 20 to 30 drops of Magendie's Solution of Morphine hypodermically, with 1/2 ounce infusion of digitalis twice a day. During this time, not only was he relieved of most of his distressing symptoms, but his improvement was so decided that he was able to walk about his rooms and go out to ride. In about two months he went into the country, and I only heard from him occasionally. His dropsy entirely disappeared." This patient subsequently died of another disease. Dr. Loomis gives several cases in which this treatment was followed by favorable results, but I must refer you to the journals containing his articles.

In the 4th edition of his admirable work on Practice, page 831, Dr. Flint remarks, touching this question: "At Bellevue Hospital, opium has been given largely, and chiefly relied upon in the treatment of uremic convulsions, by my associate, Prof. Alfred L. Loomis, who has been led by his experience to consider this plan of treatment eminently successful. There is reason to believe that, so far from opium having a poisonous action, it renders the nervous system more tolerant of the uremic poison." These views were held by me and guided my practice before the publication of Dr. Loomis's papers, and before he held similar ones, (1868.) But the following extract from a letter from